

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014 - 84 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Please type or print)

Submitted by: SC Express LLCTelephone: 803-648-9977Address: 2818 Columbia Hwy W.Fax: 803-648-6885Ste 100Other: 877-648-5466Aiken, S.C. 29805Email: reservations@scsedan.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☒ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petitioner
- ☐ Other: _____

RECEIVED
FEB 27 2014
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

jos

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 2-27-14

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship with or without trade name.)

S.C. Express LLC

2818 Columbia Hwy N. Ste 100 Aiken, S.C. 29805
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-648-9977
Phone

803-648-6885
Fax

reservations@scsedan.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Laura Canady - Owner, 2818 Columbia Hwy N. Ste 100 Aiken, S.C. 29805

James Canady - General Manager, 2818 Columbia Hwy N. Ste 100 Aiken, S.C. 29805

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
VANHOOL	1994 Cummins	YE2TA74B9R2024920	31,000	50

02/25/2014 13:12 7845687166

CHARLESINSGP

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INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

SC EXPRESS LLC

Name of Applicant

2818 Columbia Hwy N STE 100 AIKEN, SC 29805

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**Liability Insurance \$ 2952.00Limits 3,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:**16 or More Passengers* \$ 25,000/300,000/25,000***** Passengers = Number of seats in the vehicle, including the driver's seatbelt**Wilshine Insurance Company

Name of Insurance Company

POST OFFICE BOX 10800 RALEIGH, NC 27605

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/26/14

Date

Charles A. N.

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)SC Express LLC

Name of Applicant

2116575

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

James A. Canady
Applicant's Signature
General Manager
Title of Applicant (e.g. President, Owner, etc.)

North

STATE OF SOUTH CAROLINA)

COUNTY OF Gaston)

SWORN TO BEFORE ME

This 27th day of February, 20 14

David K. Sansbury, Jr.
Notary Public

Commission Expires January 4, 2016

DAVID K. SANBURY, JR.
NOTARY PUBLIC
GASTON COUNTY
NORTH CAROLINA
MY COMMISSION EXPIRES JANUARY 04, 2016

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE
Oct 28 2010

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

101028-0188

SC EXPRESS, LLC

Filed: 10/28/2010

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-000 and 33-44-000 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is SC EXPRESS, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is:

153 PENDLETON ST NW

Street Address

AIKEN SC

298013859

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is
LAURA B. CANADY Electronically filed on SC SOS.
Signature not required.

Name

Signature

and the street address in South Carolina for this initial agent for service of process is

153 PENDLETON ST NW

Street Address

AIKEN SC

298013859

City

Zip Code

4. The name and address of each organizer is

a) LAURA B. CANADY

Name

153 PENDLETON ST NW

Street

AIKEN

SC US

298013859

City

State

Zip Code

Case 10
518275

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SC EXPRESS, LLC

Name of Corporation

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
2010-12-01
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Electronically filed on SCBOS.
Refer to attached signature page.

Date 2010-10-28